PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

101545718

| | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | | | | | | |
|--|--|---|--|-------------------------------|--------------------------|-----------------------------------|----------------------|------------------------|----|------------------|------------------------|
| u.s | NATIONAL S | STAGE FEES | (Colum | in 1) | (| Column 2) | RATE | | 1 | | T |
| | | | SMALL ENT. = \$ 150 | | | | | FEE . | 1 | RATE | FEE |
| BASIC FEE | | | SMALL EN I | | | SE ENT. = \$ 300 | BASIC FEE | | OR | BASIC FEE | 20 |
| EXAMINATION FEE | | | (4) = \$50 | /\$100 | | her situations = 100 / \$ 200 | EXAM. FEE | | | EXAM. FEE | (10) |
| SEARCH FEE | | | U.S. is ISA = \$ ALL other cor \$ 200 / \$ | untries = | | ther situations = 250 / \$ 500 | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | min | us 100 = | | / 50 = | X \$ 125 = | | | X \$ 250 = | |
| тот | AL CHARGEA | BLE CLAIMS | 16 mi | nus 20 = | * ~ | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | / minus 3 = * | | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | | | | + \$ 180 = | | OR | + \$ 360 = | ۵, |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | lumn 2 | TOTAL | | OR | TOTAL | 90 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL E | NTITY | OR | OTHER SMALL E | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | <u></u> | • | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| NT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DME | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| AMENDMENT | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. | | | | | | |
| * ** | If the "Highest No | umn 1 is less than th umber Previously Pa umber Previously Pa | id For" IN THIS S id For" IN THIS S | PACE is les | s than '20 s than '3' | 0', enter "20". ', enter "3". | n the appropriate bo | | | | |